

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10738,404
APPLICANT(S) _____

FILED DATE 12.17.03

12/17/03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	X	X				
2						
3				①		
4				①		
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32	X	X				
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40	X	X				
41						
42						
43						
44						
45						
46						
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48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	21		21			
TOTAL CLAIMS	23		23			

	IND	DEP	IND	DEP	IND	DEP
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						